	ED	Flores
Candida	te's Nam	e (print)

Office

District (if applicable)

Contributions in Excess of \$100 or, When Added Together Exceed \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	CHECK / IF LOAN	CHECK ✓ IF IN KIND
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Candidate's Name (print)

Office

District (if applicable)

## Contributions of \$100 or Less

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Candidate's Name (print)

Office

District (if applicable)

## **Expenses Categories**

CATEGORIES	CODE	TOTALS
Office expenses	A	
Expenses related to volunteers	В	
Expenses related to travel	С	
Expenses related to advertising	D	
Expenses related to paid staff	E	
Expenses related to consultants	F_	
Expenses related to polling	G	
Expenses related to special events	Н	
Goods and services provided in kind for which money would otherwise have been paid	I	,
Other miscellaneous expenses	J	

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ED Flores	· _	1.D. #12
Candidate's Name (print)	Office	District (if applicable)

## Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE
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FR Flores	A.D. #12	
Candidate's Name (print)	Office	District (if applicable)

## Expenses of \$100 or Less

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